

REQUEST FOR APPLICATIONS

OMBUDSMAN SERVICES FOR MEMBERS OF LTSS MANAGED CARE PLANS

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF AGING AND ADULT SERVICES

Response Requested by Tuesday, March 31, 2015

Inquiry released: February 27, 2015

## **GENERAL INFORMATION**

### **Background**

The Louisiana Department of Health and Hospitals (DHH) intends to implement Medicaid Managed Care for older adults and persons with adult onset disabilities in the fall of 2015.

The number of persons anticipated to participate in the managed care system in these populations is approximately 120,000. At least 60% of beneficiaries in the older adults and persons with adult onset disabilities population are also Medicare eligible.

### **Purpose of Request**

The DHH Office of Aging and Adult Services is issuing this Request for Applications for the purpose of identifying interest in providing managed care ombudsman services for the individuals served by DHH managed long-term supports and services plans.

DHH intends to implement this ombudsman program in two phases. Initially DHH intends to enter into a bridge contract not to exceed \$249,800 with a selected respondent. During the term of this bridge contract, DHH will issue a Request for Proposals (RFP) for a three year contract. The RFP will allow proposers to submit a proposed budget for the program over and above \$249,800.

Proposers must not have an actual or perceived conflict of interest that, in the discretion of DHH, would interfere or give the appearance of possibly interfering with its duties and obligations to operate the ombudsman program. Determinations of a conflict of interest are at the sole discretion of DHH. Conflicts of interest shall include, but are not limited to, being a contracted MCO or a Prepaid Inpatient Health Plan (PIHP) under Louisiana Medicaid, or being a contracted enrollment broker for Medicaid managed care.

**This Request for Applications should not be construed as a Request for Proposal (RFP) or a formal agreement.**

## **SCOPE OF WORK**

### **Program Overview**

Ombudsman services must be accessible through multiple entryways (phone, internet, office, etc.) and must use various means (mail, phone, in-person) as appropriate to reach out to members and/or their authorized representatives. At a minimum, the ombudsman program must provide individuals with free assistance in navigating and accessing care, in understanding and exercising their rights and responsibilities, in resolving problems and concerns arising between the individual and the plan, and in appealing adverse decisions made by the plan. Outreach and marketing about the program will be a responsibility of the managed care plans.

### **Geographic Area Served**

This is a statewide service.

### **Services**

The managed care ombudsman program shall provide the following services to individuals:

- Assist MCO plan members and potential members with complaints and concerns about access to services and other related matters when members are not able to resolve their concerns directly with the MCO plan.

- Help enrollees understand the state’s Medicaid fair hearing process, their grievance and appeal rights and processes provided by the health plans, and assist enrollees in navigating those processes and/or accessing community resources if needed or requested.
- Develop a protocol for referring unresolved issues or concerns to the State Medicaid Agency and/or the Office of Aging and Adult Services and other state agencies as necessary to ensure the safety and well-being of beneficiaries.
- Assist enrollees to understand and resolve billing issues and notices of action.
- Assist individuals as needed in working with the DHH contracted Enrollment Broker to make enrollment decisions.

### **Organizational Capacity**

The entity must:

1. Be equipped with a statewide toll free number.
2. Be equipped with TTDY and other means of communication for individuals who need or use assistive technologies.
3. Have sufficient computer resources to maintain a registered website and a HIPAA compliant, secured email system.
4. Maintain a database sufficient to deliver the information and reports listed in “Record Keeping/Reporting” of this RFA.
5. Maintain a telephone messaging system with sufficient storage for rollover into messaging during peak intake times or after-hours caller activity. Callers should never receive an automated message that the voice mailbox is full and cannot accept a message.
6. Have access to interpreters as needed to assist individuals with hearing impairments or whose primary language is not English.
7. Employ or contract with sufficient staff :
  - a. To respond to all telephone calls by the close of the next business day
  - b. To begin work on concerns or complaints within two working days from date of notice of the concern or complaint
  - c. To travel to conduct timely face-to-face interviews with enrollees who do not have an authorized representative and who cannot effectively communicate via telephone or assistive technology and for whom travel to the entity’s office is not possible
8. Employ or contract with staff who are:
  - a. Knowledgeable about the state’s Medicaid Programs
  - b. Knowledgeable about beneficiary protections and rights under Medicaid managed long term supports and services plans
  - c. Understand the health and support needs of persons with complex conditions including chronic health conditions, disabilities and cognitive and behavioral needs
  - d. Knowledgeable about the support networks that serve older adults and individuals with adult onset disabilities
  - e. Able to assist individuals in a culturally competent manner
  - f. Able to assist individuals with limited proficiency in the English language
  - g. Skilled in communicating with individuals with disabilities

### **Record Keeping/Reporting**

The managed care ombudsman program shall collect and report to DHH the following information on a quarterly basis:

1. Number of contacts by caller type and geographic location

2. Contact methods (email, phone, in-office visit, face-to-face meetings)
3. Type of assistance requested including the name of the MCO plan involved
4. Time frames in which initial calls were returned
5. Time required from initial request to resolution of problems or concerns
6. Actions taken in response to requests for assistance
7. Outcomes, as defined by the individual, of problems or concerns as categorized below:
  - Resolved to individual's full satisfaction
  - Resolved to individual's 's partial satisfaction
  - Not resolved to any degree of satisfaction for the individual
  - Individual withdrew problem or concern or expired
  - Individual's request for assistance was referred to another specified agency

### **Contract Term**

The bridge contract will have a term of one year while DHH prepares and issues an RFP for a more extensive program that will be informed in part by the reporting from this contract.

### **INVITATION TO RESPOND**

If your organization is interested in providing information on your ability to perform the requested services described above, please submit a printed and an electronic (PDF) format copy of your response by 4:30 pm CST on March 31, 2015 to the RFA Coordinator. Contact information for the RFA Coordinator is provided below. Any questions regarding this RFA may be submitted in writing or via email no later than March 6, 2015.

Linda Sadden  
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 628 N 4<sup>th</sup> St, 2<sup>nd</sup> Floor  
 P O Box 2031  
 Baton Rouge, LA 70821-2031  
 Linda.Sadden@la.gov

Please provide the following information in your response:

1. Type of organization and experience in providing ombudsman or similar services
2. Which services, organizational capacities and reporting requirements, if any, that cannot be provided within the maximum budget allotment
3. Any potential conflicts of interest in the operation of this program to vet with DHH
4. How you would address the requirement regarding face-to-face encounters. Include in your response how you would ensure qualifications, quality, and consistency in the event that subcontractors are used for this function.
5. A detailed cost breakdown of the proposed program including the areas listed below. The cost breakdown should also indicate pre-implementation/start up and operation expenses for the proposed time period, including:
  - Salary, Fringe
  - Subcontracts
  - FTE Travel
  - Contractor's Travel
  - Operating Expenses (detailed)
  - Supplies
  - Information Technology

- Other Expenses (specified)
6. For each item under “Organizational Capacity,” include a description of current capacity or, in the event current organizational capacity does not exist, describe how and within what time frame capacity could be achieved.